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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

as required by SDCL § 17-2-2.5

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER ONIDA WATCHMAN

2. DATE 10/26/2015

3. FREQUENCY OF ISSUE WEEKLY

3A. NO. OF ISSUES PUBLISHED ANNUALLY 52

3B. ANNUAL SUBSCRIPTION PRICE $ 32, 36, 38

4. COMPLETE PHYSICAL ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 106 S MAIN ST, ONIDA, SULLY, SOUTH DAKOTA 57564-0245

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 245, ONIDA, SULLY, SOUTH DAKOTA 57564-0245

6. FULL NAME OF PUBLISHER: CURTIS R. OLSON

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
THE ONIDA WATCHMAN, INC.	PO BOX 245, ONIDA, SD 57564

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

NONE

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1100	1100
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	150	150
2. Mail Subscription (Paid and or requested)	800	788
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	950	938
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	21	22
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	971	960
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	129	140
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1100	1100

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

PUBLISHER
(Title)

State of South Dakota)
§
County of Sully)

(Seal)

Sworn to before me this 28 day of Oct, 20 15
Marileen Tilberg
Notary Public
My commission expires: 4-24-2016

Form: SOS REC 051 3/2015

Separator Sheet

Instructions:

When scanning, all checks within the payment group must be placed at the front, followed by the forms, and then any additional pages.

If scanning multiple payment groups at the same time, place this separator sheet between each payment group. Follow the same ordering process (checks first, then forms, then additional pages) for each payment group.

B0001-1792 12/07/2015 11:12AM Rec'd by SD SOS
B0001-1015 11/30/2015 9:00AM Rec'd by SD SOS

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER The Platte Enterprise
2. DATE 9-20-15

3. FREQUENCY OF ISSUE weekly

3A. NO. OF ISSUES PUBLISHED ANNUALLY 52

3B. ANNUAL SUBSCRIPTION PRICE $37, $42, $46

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. Box 546, Platte, SD 57369-0546

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 546 Platte SD 57369-0546

6. FULL NAME OF PUBLISHER: Sharon Huizenga

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Sharon and Norman Huizenga	P.O. Box 546 Platte SD 57369-0546

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1,910	1,860
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	163	163
2. Mail Subscription (Paid and or requested)	1,597	1,583
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1,760	1,746
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	30	30
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1,790	1,776
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	120	84
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1,910	1,860

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Sharon Huizenga
(Signature)

Owner/Publisher
(Title)

State of South Dakota)
§
County of Charles Mix)

(Seal)

Sworn to before me this 30th day of September, 2015

Tonya Standy
Notary Public

My commission expires: 7-20-17

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DEC 28 2015
S.D. SEC. OF STATE

Form: SOS REC 051 8/2014